

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020033  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 145

FILED JUN 6 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>Saint Charles</u>	a. STATE	<u>Missouri</u> b. COUNTY <u>St. Louis</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	<u>Saint Charles</u>	c. CITY OR TOWN	<u>Pine Lawn</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	<u>Mo. Riv. hghwy #70 Bridge</u>	d. STREET ADDRESS	<u>28 Blakemore</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
<u>William Edward Flanagan</u>			<u>May 27, 1962</u>		
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
<u>Male</u>	<u>White</u>		<u>3/10/43</u>	<u>19</u>	Months <u>2</u> Days <u>7</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
<u>none</u>		<u>graduate student</u>		<u>Saint Louis, Mo. U. S. A.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<u>James J. Flanagan</u>		<u>Louise Smith</u>		<u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
<u>No</u>			<u>[Redacted]</u>		
17. INFORMANT			Address		
<u>James J. Flanagan</u>			<u>Pine Lawn, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>drowning</u>		<u>mins.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) _____		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
		<u>Victim was swimming with two other boys</u>
20c. TIME OF INJURY Hour <u>5:30</u> p.m.	Month, Day, Year <u>5/27/62</u>	<u>swam to island in middle of river; played for a while, returned, victim became exhausted, went under.</u>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION
	<u>Missouri River</u>	<u>St. Charles, St. Charles, Mo.</u>
21. I <u>XXXXXX</u> held view to <u>May 27, 1962</u> and last saw her alive on _____		
Death occurred at <u>5:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE	(Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<u>[Signature]</u>		<u>Coroner 12 Cunningham Ct. St. Charles, Mo.</u>	<u>5/27/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)
<u>Removal</u>	<u>May 27, 1962</u>	<u>Calvary Cemetery</u>	<u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Buchholz Mortuary, 5967 W. Florissant</u>		<u>5/27/62</u>	<u>Marcella Wilson</u>

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

1 0928

2 4036

3

4 0

5 0

6

7 0

8 2

9 9298

10 42

11 130

12 91-3

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

2961 9 NNC

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Richard J. Buckley*

Licensed Embalmer No.

*4857*

P. O. Address

*St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.